

LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES

OFFICE OF FISHERIES

TOLEDO BEND SCUBA SPEARFISHING REPORT

PERMIT #: _____ **MONTH:** JUNE JULY AUGUST SEPTEMBER

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

NUMBER OF TRIPS MADE DURING THIS REPORT: _____

APPROXIMATE NUMBER OF HOURS SPENT SPEARFISHING: _____

SPECIES AND NUMBER TAKEN

SPECIES	NUMBER	SPECIES	NUMBER
Crappie:	_____	Bream:	_____
Blue Catfish:	_____	(other) _____ :	_____
Channel Catfish:	_____	(other) _____ :	_____
Flathead catfish:	_____	(other) _____ :	_____
NO SPEARFISHING DONE THIS MONTH: _____			

COMMENTS: _____

SIGNATURE: _____ **DATE:** _____

PLEASE COMPLETE AND RETURN TO:
PERMITS MANAGER – OFFICE OF FISHERIES
LA. DEPT. OF WILDLIFE AND FISHERIES
P.O. BOX 98000
BATON ROUGE, LA 70898-9000